

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/07/2021
NAME OF PROVIDER OR SUPPLIER QUALITY CENTER FOR REHABILITATION AND HEALING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 000	INITIAL COMMENTS	F 000	
F 580 SS=D	<p>A Complaint investigation was conducted for complaint # TN00055826 on 12/7/2021 at Quality Center for Rehabilitation and Healing, LLC. The complaint was not substantiated, however related deficiencies were cited under 42 CFR Part 483.10 Requirements for Long Term Care Facilities.</p> <p>Notify of Changes (Injury/Delirium/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p>	F 580	<p>F580 - Notify of Changes</p> <ol style="list-style-type: none"> Corrective Action: Policy reviewed and revised as needed by the Administrator/designee. Staff was inserviced by Administrator/designee with regards to policy related to Notifications to families. Identifying other residents with potential to be affected: Residents involved in abuse allegations have the potential to be affected. Measures or Systemic Changes: Staff inserviced by Administrator/designee on policy related to Notifications to families. The Administrator/designee reviewed the policy with no changes warranted. Stand up meeting agenda item added to review any abuse allegations received for notification to families made. How corrective action will be monitored: Administrator or designee will do weekly audits/observations x 4 weeks for any abuse allegations to ensure notification to families was made. The Administrator or designee will then do monthly audits x 2 months. The results from the audits will be presented to the QAPI committee for further review. Any further issues or concerns will be addressed by the QAPI committee.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Ednerse Allen

Associate

1/20/22

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	Continued From page 1 (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on facility policy, record review, observation and interviews, the facility failed to notify the family regarding an incident of alleged abuse for 1 (#1) of 3 sampled residents. Review of the facility's undated policy titled, "Abuse Reporting", revealed, "...The facility will not condone resident abuse by anyone, including staff members, other residents, consultants, volunteers and staff of other agencies serving the resident, resident representative, family members, legal guardians, sponsors, friends, or other individuals. The facility adheres to the reporting stipulations put forth in the Elder Justice Act...All personnel including volunteers are required to immediately report any incident or suspected incident of resident abuse, neglect, exploitation...and misappropriation of resident	F 580	

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F 580	<p>Continued From page 2</p> <p>property, and suspected incidents of resident to resident abuse...Should an alleged/suspected violation or substantial incident of mistreatment, neglect, exploitation, injuries of an unknown source or abuse...be reported, the facility administrator/designee will promptly notify the following persons or agencies...of such incident as required by state regulation. The state licensing/certification agency responsible for surveying/licensing the facility, Resident's representative...Resident's attending physician..."</p> <p>Review of the medical record revealed Resident # 1 was admitted to the facility on 3/20/2021 with diagnoses which included Unspecified Dementia without Behavioral Disturbance, Morbid Obesity, Type 2 Diabetes, Unspecified Psychosis and Dysphagia.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated 11/12/2021, revealed, Resident #1 had a Brief Interview for Mental Status score of 3. She required extensive assist for bed mobility, dressing and eating. She was totally dependent on staff for transfer, locomotion on and off unit, toileting, personal hygiene and bathing. She was noted that ambulation did not occur. She was always incontinent of both bowel and bladder.</p> <p>Observation and Interview of Resident #1 on 12/07/2021 at 12:30 PM, revealed resident in bed with clean neat appearance and no signs of wetness or odors noted. Resident reported that she feels pretty good. She stated that her family is gone all the time since they married and left. She reported that she got cleaned up this morning. She also stated that if her medicine tastes good, she takes it. She stated sometimes</p>	F 580	

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F 580	Continued From page 3 she spits it out because it doesn't taste good. She stated that she doesn't have any pain and that she is just tired. During a phone interview on 12/07/2021 at 3:57 PM, family member of Resident #1 stated that she was not notified of the incident that was investigated by the facility and reported in the complaint. During an interview on 12/7/2021 at 4:20 PM, the administrator confirmed that the family of Resident #1 was not made aware of the incident as reported in the Facility Reported Investigation.	F 580			